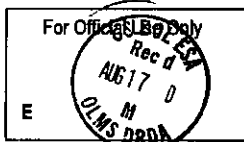


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9040</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>William</u> <u>Abbate</u> P O Box Bldg Room No if any _____ Street <u>41 Lenox Avenue</u> City <u>Demarest</u> State <u>New Jersey</u> ZIP Code + 4 <u>07627</u>	4 Name file number and address of labor organization Name <u>Enterprise Assn of Steamfitters Local 638</u> Labor Organization File Number <u>035-070</u> P O Box Building and Room Number if any _____ Street <u>32-32 48th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5 Position in labor organization <u>Business Agent at Large</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>Steamfitters Industry Welfare Fund</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>15 Penn Plaza 19th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001</u>	7 a Nature of Interest Transaction or Income <u>Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee</u> 7 b Amount <u>\$1 310</u>

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>William Abbate</u>	On <u>8/11/05</u> Date	<u>(718) 392 3420</u> Telephone Number

Name of Person Filing William Abbate	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Lynn Abbate Trade Name if any Travel Solutions P O Box Bldg Room No if any Street 41 Lenox Avenue City Demarest State New Jersey ZIP Code + 4 07627	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> The business Travel Solutions arranges airfare for union related travel The fees received totaled \$715 for 2004 <b>11 b Approximate dollar value of such dealing</b> \$715 <b>12 a Nature of interest held or income received</b> The business is 100% owned by my wife Lynn Abbate <b>12 b Amount</b> \$715

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Steamfitting Industry Promotion Fund Trade Name if any P O Box Bldg Room No if any Street 44 West 28th St City New York State New York ZIP Code + 4 10001	<b>14 a Nature of payment</b> Attended the Steamfitting Industry Promotion Fund golf outing The value was \$415 The amount was reimbursed to the Steamfitters Industry Promotion Fund by my employer the Enterprise Assn of Steamfitters Local 638 <b>14 b Amount of payment</b> \$415
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

Name of Person Filing William Abbate

File Number U

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Mechanical Contractors Assoc of NY Inc

Trade Name if any

P O Box Bldg Room No if any

Street 450 West 28th St

City New York

State New York ZIP Code + 4 10001

14 a Nature of payment

Attended the MCA of America Conference in February 2004 The total expense was \$3 318 which included hotel and conference registration This was reimbursed to the MCA of NY Inc by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$3 318

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name J W Seligman (Mike Burtash)

Trade Name if any

P O Box Bldg Room No if any

Street 80 Orville drive

City Bohemia

State New York ZIP Code + 4 11716

14 a Nature of payment.

Attended a dinner regarding investments paid and provided by Mike Burtash of J W Seligman in February 2004 The value of which was \$100 The expense was reimbursed to Mike Burtash by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$100

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Mechanical Contractors Assoc of NY Inc

Trade Name if any

P O Box Bldg Room No if any

Street 44 West 28th St

City New York

State New York ZIP Code + 4 11001

14 a Nature of payment

Attended a contract negotiating meeting with the Mechanical Contractors Assoc of NY Inc in Youngtown ME The cost was \$90 This expense was reimbursed to the MCA of NY by my employer the Enterprise Assoc of Steamfitters local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$90

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Mechanical Contractors Assoc of NY Inc

Trade Name if any

P O Box Bldg Room No if any

Street 44 West 28th St

City New York

State New York ZIP Code + 4 11001

14 a Nature of payment.

Attended precontract negotiating meetings in November and December 2004 The cost of the meeting room rental was \$206 This expense was reimbursed to the MCA of NY by my employer the Enterprise Assoc of Steamfitters local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$206

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing William Abbate	File Number U
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Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Steamfitters' Industry Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 5 Penn Plaza 19th Floor City New York State New York ZIP Code + 4 10001	7 a Nature of Interest Transaction or Income Attended apprentice graduation ceremony and dinner The cost was \$118 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638 7 b Amount \$118

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount